		AND HUMAN SERVICES  & MEDICAID SERVICES				<b>L</b> 3	Cardida	FORM APPROVED
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	IULTIPL LDING	E CONSTRUC	) i lott	Aritza	COMPELSED
		08A015	B. WI	NG			Director's O	04/13/2009
IAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS	, GILT, SIMII	E, ZIP CODE	1169
EXCEPTI	ONAL CARE FOR C	HILDREN		1	INDEPENDE WARK, DE			i
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH	CORRECTIVE EFERENCED	N OF CORRECT EACTION SHO TO THE APPROJENCY)	ULD BE COMPLETION
F 000	INITIAL COMMEN	TS	F	000				
SS=E	was conducted at through April 13, 20 report are based of clinical record reviet documentation as the first day of the sample totaled 8, vactive and 1 closed 483.13(c)(1)(ii)-(iii) TREATMENT OF IT The facility must not been found guilty of mistreating resider had a finding enter registry concerning of residents or mis and report any knot court of law against indicate unfitness for the facility staff to or licensing authority including injuries of misappropriation of immediately to the to other officials in through established State survey and court further pot investigation is in provent further pot investigation is in processing at the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the facility must have a controlled to the control of the controlled to the control of t	c) (c)(2) - (4) STAFF RESIDENTS  ot employ individuals who have of abusing, neglecting, or late by a court of law; or have ed into the State nurse aide abuse, neglect, mistreatment appropriation of their property; wledge it has of actions by a stan employee, which would for service as a nurse aide or of the State nurse aide registry sities.  Insure that all alleged violations ment, neglect, or abuse, funknown source and fresident property are reported administrator of the facility and accordance with State law deprocedures (including to the ertification agency).  The evidence that all alleged bughly investigated, and must ential abuse while the progress.		225	2.	have been of All Human files of facil employees those provincentractors reviewed for completened and require at mandate and annual contracted will be give on-site election procompletion training.	ource files audited for ass and all mponents obtained. Resource ity as well as ded by will be or ess including story Record attendance ory new hire training. All employees n access to ctronic in-	s ce i
BORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN WHA	NATURE		Ad	TITLE VUINISTA	ater	(X6) DATE 4/22/09

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days illowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 04/16/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	08A015 B. WING		04/	C 13/2009		
	PROVIDER OR SUPPLIEF		111	ET ADDRESS, CITY, STATE, ZIP CO INDEPENDENCE WAY WARK, DE 19713	DDE.	-
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 225	to the administrat representative an with State law (incertification agencincident, and if the appropriate corrections of the second facility documents it was determined that a thorough be completed for three employees and the second facility documents it was determined that a thorough be completed for three employees and the second facility documents it was determined that a thorough be completed for three employees and the second facility documents in the second facility documents and the second facility documents are second facility documents.	investigations must be reported or or his designated d to other officials in accordance cluding to the State survey and cy) within 5 working days of the e alleged violation is verified ctive action must be taken.  ENT is not met as evidenced review, interviews, review of ation, and policy and procedures, I that the facility failed to ensure ackground investigation was ee (E2, E3, and E4) of fifteen at the annual abuse training or two (E5 and E6) of fifteen	F 225	3. A Pre-Hire checklist be created and maintained for all potential facility employees as well those provided by contractors. This checklist will be maintained by the Director of Human Resources. No emwill be issued a sta without completion required paperwor validation by both department manage NHA.	ployee rt-date n of all k and the	
	Rights/Residents's section entitled "employees are so background checkground checkground investigative revealed that three hired 10/24/08, as fifteen reviewed for background investigative that a Record Reference in the Criminal investigation in the country in the State Investigation in the State Investigation in the Criminal investigation in the country in the cou	e Administrator on 3/13/2009 the employees (E2 hired 2/09, E3 and E4 hired 11/13/08) out of ailed to have completed		4. The Director of Hur Resources will mor pre-hire paperwork satisfactory comple The Compliance M will monitor mandstraining completion Results will be report to QA for further recommendations.	nitor k for etion. anager atory n. orted	

(X2) MULTIPLE CONSTRUCTION

## PRINTED: 04/16/2009 **FORM APPROVED** DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IND PLAN OF CORRECTION IDENTIFICATION NUMBER:** A. BUILDING **B. WING** 08A015 04/13/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 INDEPENDENCE WAY **EXCEPTIONAL CARE FOR CHILDREN** NEWARK, DE 19713 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **TAG** DEFICIENCY) F 225 Continued From page 2 F 225 State Bureau of Identification for E4, dated 4/8/09, were not completed in a timely manner. Findings were confirmed by E8 (Nursing Home Administrator). 2. According to the facility's Residents' Rights/Residents' Abuse Prohibition policy, the section entitled "Training" stated, "All employees must undergo mandatory new employee orientation and annual updates... ". A review of facility documentation revealed that two employees (E5 and E6) out of fifteen failed to complete the annual requirement. Findings were confirmed by E7. Employee E1 no longer provides June 2, 2009 F 441 F 441 483.65(a) INFECTION CONTROL contracted services at the SS=B facility. E2 has obtained a The facility must establish and maintain an satisfactory result of a PPD. infection control program designed to provide a All employees of the facility and safe, sanitary, and comfortable environment and those that are contracted, will to prevent the development and transmission of be reviewed for timeliness and disease and infection. The facility must establish completeness of required an infection control program under which it investigates, controls, and prevents infections in documentation of testing and the facility; decides what procedures, such as results via a Health Tracking Log. isolation should be applied to an individual The Compliance Manager will be resident; and maintains a record of incidents and notified by the Director of corrective actions related to infections.

This REQUIREMENT is not met as evidenced by:

Based on facility documentation, staff interview, and review of the facility's tuberculin (PPD) testing policy, it was determined that the facility failed to maintain current PPD records for 2 out of 15 sampled staff. Findings include:

. The Compliance Manager will be notified by the Director of Human Resources of all pending new hires and permanent contracted employees for Health Tracking. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA.

		AND HUMAN SERVICES & MEDICAID SERVICES				Andrew Control of the	FOR	0: 04/16/2009 MAPPROVED 0: 0938-0391
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUC	OTION	(X3) DATE COMP	
		08A015	B. Wit	NG			04/	13/2009
AME OF P	ROVIDER OR SUPPLIER					, CITY, STATE, ZIP CODE		
EXCEPTI	ONAL CARE FOR CH	ILDREN	-		1 INDEPENDE IEWARK, DE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 441	Continued From pa	nge 3	F	441	<b>F</b>			
;		09 and E2 was hired 2/09.			. 4.			
		mentation that the two step			•	Manager will report		
		conducted upon hire. An				findings to QA		*
,	interview with E7 ca	onfirmed the findings.		:	•	Committee for	•	
				:	:	further		
		cility's Tuberculin Testing for	,		:	recommendation.		
		'All employees should show		,			•	
		nd read PPD within twelve				Desidents 1 2 2 4 F	l	2 2000
		nent prior to his/her start date."	_		<b>1.</b>	Residents 1, 2, 3, 4, 5,	ju	ne 2, 2009
F 514	483.75(I)(1) CLINIC	CAL RECORDS	F	514		6 and 7's MAR/TAR		
SS=C	<b>₩</b>	statuta altatud assauda assauda		,	•	have been reviewed		
		aintain clinical records on each				for completeness.		
		nce with accepted professional			••	Professional nurses		į
		ctices that are complete; nted; readily accessible; and			1	have been		
•	systematically orga					interviewed by Nurse		
	systematically orga	iiii.e.c.				Management to		
	The clinical record	must contain sufficient			1	ensure timely		+
		lify the resident; a record of the			1 .	administration of		
		ents; the plan of care and				medication. Late		•
	services provided;				Ì	entries have been		
		ening conducted by the State;			•	documented per		
	and progress notes	<b>3.</b>			,	guidelines.		
		* .			2.	All resident's		
						MAR/TAR beginning		
		NT is not met as evidenced				in April 2009 will be		
	by:	a a a a a a a a a a a a a a a a a a a			•	reviewed for		
		eview and interview, it was			•	completeness. Late		•
		e facility failed to ensure that				entries will be		
		7 (R1, R2, R3, R4, R5, R6 and ed residents were maintained				documented per		
		accepted professional			1	guidelines to indicate		
		ce that are complete and			i	timely administration		:
		ented. The computerized			İ	of medication after		
		stration Record (TAR) for R8			1	review and interview		
		or review during the survey due		•		by Nurse		•
		culty in accessing closed			 	Management if		
	record information.					appropriate.		

	···-	I AND HUMAN SERVICES  & MEDICAID SERVICES			The state of the s			MAPPROVED 0. 0938-0391
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED C		
		08A015	B. WII	NG			04/	13/2009
	ROVIDER OR SUPPLIER ONAL CARE FOR CI	HILDREN		11 IN	TADDRESS, CITY, STATE, ZII IDEPENDENCE WAY VARK, DE 19713	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOUTHE APPR	JLD BE	(X5) COMPLETION DATE
	stated, " The indi medication must si computerized docu- completed."  Review of the com- Medication Admini- TARs for R1, R2, Frevealed multiple be 4/09 MARs and TA  The facility failed to documentation on and 4/09. On 4/10/ E9 (Director of Num who advised that to recently installed a system in place to MARs and TARs. available nurses, E R4 regarding the la computerized MAF the nurses stated	nistering Medications Policy vidual administering the gn off the medication in the imentation system as puterized 3/09 and 4/09 stration Records (MARs) and R3, R4, R5, R6 and R7 planks on both the 3/09 and ARs.  To have complete the MARs and TARs in 3/09 (9, findings were confirmed by rsing) and E10 (Administrator) the computer system was and the facility did not have a prevent omissions on the COn 4/13/09, E9 followed up with E4 for R5, E7 for R5 and E8 for eack of documentation on the Rs in 3/09 and 4/09. Each of that they administered the dered, but failed to document		514	3. RNAC will comweekly audits electronic MA recording for completeness weeks and mothereafter. Fit will be report DON. All profinurses will be serviced regal usage of a Dai Report during Nurse Shift Chaport to enscompletion of MAR/TAR documentation of the Finding of audit be reported to committee for recommendation the RNAC.	nplete of IR/TAR for four onthly ndings ed to the essional in- rding ily Task y Nurse to nange ure f on. dits will o QA or further		

ORM CMS-2587(02-99) Previous Versions Obsclete

PRINTED: 04/16/2009

Facility ID: DE00230



AND SOCIAL SERVICES DELAWARE HEALTH

Division of Long Term Care Residents Protection

DHSS - DLTCRP

Wilmington, Delaware 19806 (302) 577-6861 3 Mill Road, Suite 308

LTCResidents Protection

Director's Office

STATE SURVEY REPORT

DATE SURVEY COMPLETED: April 13, 2009

Page 1 of 5

NAME OF FACILITY: Exceptional Care for Children

ATOR'S P	ANTICIPATED DATES TO BE CORRECTED	
SECTION STATEMENT OF DEFICIENCIES	Specific Deficiencies	

	An unannounced annual and complaint survey was conducted at this facility from April 7, 2009 through April 13, 2009. The deficiencies in this report are based on observations, interview, clinical record review and review of other documentation as indicated. The facility census the first day of the survey was 18. The survey sample totaled 8, which included a review of 7 active and 1 closed resident records.	
3201.6.12	Communicable Diseases	
3201.6.12.2	Specific Requirements for Tuberculosis	<b>,</b>
3201.6.12.2.3	All facilities shall have on file results of tuberculin test performed on all newly admitted resident and newly hired employees, and annually thereafter on all employees. A tuberculin test as specified, done within the twelve months prior to employment, or a chest x-ray showing no evidence of active tuberculosis shall satisfy this requirement for asymptomatic individuals. If an individual was	તં હ
	previously documented as a positive reactor or has a history of hypersensitivity to the PPD test, a negative chest x-ray shall meet this	The Cor further

- Employee E1 no longer provides contracted services at the facility. E2 has obtained a satisfactory result of a PPD.
- will be reviewed for timeliness and completeness of required documentation of testing and results via a Health Tracking All employees of the facility and those that are contracted
- will be issued a start-date without completion of all required paperwork and validation by both the department manager The Compliance Manager will be notified by the Director of contracted employees for Health Tracking. No employee Human Resources of all pending new hires and permanent and NHA.

impliance Manager will report findings to QA Committee for Correction Date 6/2/2009 r recommendation.

Provider's Signature

requirement



AND SOCIAL SERVICES DELAWARE HEALTH

Division of Long Term Care Residents Protection

NAME OF FACILITY: Exceptional Care for Children

DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

Page 2 of 5

## STATE SURVEY REPORT

DATE SURVEY COMPLETED: April 13, 2009

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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES ANTICIPATED DATES TO BE CORRECTED
	This requirement is not met as evidenced by:	
	Cross-refer to CMS 2567-L survey date completed 4/13/2009, F441.	
3201.10.0	Records and Reports	
3201.10.1	There shall be a separate clinical record maintained on each resident as a chronological history of the resident's stay in the nursing facility. Each resident's record shall contain current and accurate information including the following:	<ol> <li>Residents 1, 2, 3, 4, 5, 6, and 7's MAR/TAR have been reviewed for completeness. Professional nurses have been interviewed by Nurse Management to ensure timely administration of medication. Late entries have been documented per guidelines.</li> <li>All resident's MAR/TAR beginning in April 2009 will be</li> </ol>
3201.10.1.7	Medication administration record (MAR) including medications, dosages, frequency, route of administration, and initials of the nurse administering each dose. The record shall include the signature of each nurse whose initials appear on the MAR.	reviewed for completeness. Late entries will be documented per guidelines to indicate timely administration of medication after review and interview by Nurse Management if appropriate.  3. RNAC will complete weekly audits of electronic MAR/TAR recording for completeness for four weeks and monthly thereafter. Findings will be reported to the DON. All professional nurses will be in-serviced regarding usage of a
	This requirement is not met as evidenced by: Cross-refer to CMS 2567-L survey date completed 4/13/09, F514.	Daily Task Report during Nurse to Nurse Shift Change Report to ensure completion of MAR/TAR documentation.  4. Finding of audits will be reported to QA Committee for further recommendation by the RNAC.  Correction Date 6/2/2009

Criminal background checks.

Chapter 11, Subsection

16 Del. C.



AND SOCIAL SERVICES **DELAWARE HEALTH** 

Division of Long Term Cate Residents Protection

Winkspton, Delaware 19805 3 Mill Road, Suite 308 DHSS - DLTCRP (302) 577-8681

L: C Residents Protection

STATE SURVEY REPORT

DATE BURGEY COMPLETED: April 13, 2009

S Page 3 of

NAME OF FACILITY; Exceptional Care for Children

STATEMENT OF DEFICIENCIES Specific Deficiencies SECTION

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

IV, § 1141 (c)

No employer who operates a nursing home or a the person's entire criminal history record from pursuant to the Federal Bureau of Investigation management company or other business entity life any applicant without obtaining a report of that contracts to operate a nursing home may the State Bureau of Identification and a report from DHSS regarding its review of a report of appropriation of Title II of Public Law 92-544. the person's entire federal criminal history

This requirement is not met as evidenced by:

Cross-refer to CMS 2567-L survey date completed 4/13/2009, F225, example #1.

Mandatory Drug Testing

(a) No employer who operates a nursing home, management company, other business entity agency that refers employees to work in a defined in § 1141 of this title, without first contracted to operate a nursing home, or nursing home may hire any applicant, as obtaining the results of such applicant's mandatory drug screening.

provisions of subsection (b) of this section, (d) Conditional hire. - Notwithstanding the

completeness and all required components have been obtained. EEs 2, 3, 4, 5, and 6 Human Resource files have been audited for

All Human Resource files of facility employees as well as those including Criminal History Records and required attendance at provided by contractors will be reviewed for completeness mandatory new hire and annual training.

contractors. This checklist will be maintained by the Director of without completion of all required paperwork and validation by employees will be given access to on-site electronic inservicing No employee will be issued a start-date both the department manager and NHA. All contracted A Pre-Hire checklist will be created and maintained for all potential facility employees as well as those provided by program for completion of mandated training. Human Resources. 'n

Manager will monitor mandatory training completion. Results paperwork for satisfactory completion. The Compliance The Director of Human Resources will monitor pre-hire will be reported to QA for further recommendations.

Correction Date 5/2/2009

Employee E1 no longer provides contracted services at the facility. E2 has obtained satisfactory drug test results. ij

timeliness and completeness of required documentation of drug All contracted employees of the facility will be reviewed for testing and results via a Health Tracking Log. N

Human Resources of all pending permanent contracted employees without completion of all required paperwork and validation by for Health Tracking. No employee will be issued a start-date The Compliance Manager will be notified by the Director of both the department manager and NHA

The Compliance Manager will report findings to QA Committee for further recommendation.

Correction Date 6/2/2009



DELAWARE HEALTH
AND SOCIAL SERVICES

Division of Long Yerm Care Residents Protection

DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661 Page 4 of 5

NAME OF FACILITY: Exceptional Care for Children

STATE SURVEY REPORT

DATE SURVEY COMPLETED: April 13, 2009

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STATEMENT OF	Specific Deficie
SECTION STATEMENT OF DEF	Specific Deficiencie

evidence that the applicant has actually had the all persons hired pursuant to § 1141 of this title have been requested. Under no circumstances subsection shall be contingent upon receipt of shall an applicant hired on a conditional basis conditional basis when the employer receives pursuant to this subsection be employed on a the results of the drug screening. In addition, employment of an applicant pursuant to this acknowledge, in writing, that his/her results when exigent circumstances exist, and an conditional basis for more than 2 months. maintain the required level of service, the employer must fill a position in order to appropriate drug screening. The final shall be informed in writing and shall employer may hire an applicant on a

This requirement is not met as evidenced by:

Based on staff interviews it was determined that the facility failed to obtain drug test results for 2 of 15 sampled employees (E1 and E2) as evidenced by the lack of employees' files. Findings include:

Interviews with E7 (Controller) and E8 (Nursing Home Administrator) confirmed that personnel files were not available for therapy contractors.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Lang Term Care Residents Protection

DHSS - DLTCRP

3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

STATE SURVEY REPORT

Page 5 of 5

DATE SURVEY COMPLETED: April 13, 2009

NAME OF FACILITY: Exceptional Care for Children

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ADMINISTRATION STEAM FOR CORRECTED ANTICIPATED DATES TO BE CORRECTED	
Specific Deficiencies	
SECTION	